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Attorneys for Defendant
CITY AND COUNTY OF SAN FRANCISCO

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

JANE ROE, an individual; MARY ROE, an individual; SUSAN ROE, an individual; JOHN ROE, an individual; BARBARA ROE, an individual; PHOENIX HOTEL SF, LLC, a California limited liability company; FUNKY FUN, LLC, a California limited liability company; and 2930 EL CAMINO, LLC, a California limited liability company,

Plaintiffs,

vs.

CITY AND COUNTY OF SAN FRANCISCO, a California public entity,

Defendant.

Case No. 4:24-cv-01562-JST

DECLARATION OF RICKY BLUTHENTHAL, PHD IN SUPPORT OF DEFENDANT CITY AND COUNTY OF SAN FRANCISCO'S OPPOSITION TO PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

Hearing Date: October 27, 2025
Time: 8:30 a.m.
Place: Courtroom 6, 2nd Floor
1301 Clay Street
Oakland, CA 94612

Trial Date: August 10, 2026

Documents: Exhibit A

I, RICKY BULTHENTHAL PHD, declare:

1. I have personal knowledge of the matters stated herein, and if called and sworn as a witness could and would competently testify thereto.

2. I am a sociologist (PhD from UC Berkeley in 1998) who has conducted drug use and HIV epidemiological research mostly within the context of medical schools (UC San Francisco [1991-98]; Charles R. Drew University of Medicine and Science [1998-2005], and Keck School of Medicine at the University of Southern California [2010-present]) since 1991. I have also been a senior social scientist at the RAND Corporation (1998 to 2010) and a professor and interim dean at California State University Dominguez Hills (2005 to 2010). At present, I am a Distinguished Professor and Chair of the Department of Population and Public Health Sciences at the Keck School of Medicine at the University of Southern California.

3. I have studied the impact of syringe service programs on health and well-being of people who use drugs since 1991. I have led 3 major, federally sponsored studies on the impact of syringe service programs on HIV and other health risk (NIDA grant# RO1DA009532; RO6/CCR918667, & RO1DA014210) and I have contributed to 4 other federally funded studies (PO1MH056826; R21DA046703; RO1DA046867; & RO1DA055277) on syringe service programs. These studies have included thousands of participants of syringe service programs throughout California, and in Chicago, Il, New Haven, CT, West Virginia, and Providence, RI, Vancouver, British Columbia, Canada, and Tijuana, Mexico (Bloom et al., 2021; Bluthenthal et al., 2001; Green et al., 2010; Heimer et al., 1996; White et al., 2020). Other studies have used program-level data from nearly all active syringe service programs in the United States. I have published 56 syringe service program related-manuscripts in peer reviewed scientific journals including leading medical (*The Lancet*, *JAMA)*, public health (*American Journal of Public Health*, *Social Science and Medicine)* and substance use journals (*Addiction*, *Drug and Alcohol Dependence*).

4. Attached hereto as **Exhibit A** is a true and correct copy of my CV.

5. I have been retained to review and provide expert opinion regarding the efficacy of harm reduction supplies.

6. The medical literature provides clear and consistent evidence that substance use services and harm reduction interventions, including distribution of safe consumption supplies, deliver substantial community benefits without increasing crime rates or public disorder in high-resource countries including the United States, Canada, Australia, and the United Kingdom. This conclusion is supported by multiple systematic reviews, controlled studies, and large observational analyses spanning over 30 years of research.

7. Key findings directly relevant to municipal policy decisions:

Significant public health benefits: Harm reduction programs reduce transmission of HIV, hepatitis B and C, endocarditis, and soft tissue infections, with particular benefits from high-coverage, multi-component interventions that include street-based outreach.

Enhanced treatment engagement: Harm reduction programs providing non-stigmatizing care lead to five times greater engagement in addiction treatment, greater treatment persistence, and three times greater likelihood of reducing or stopping injection drug use within one year.

No peer-reviewed evidence of increased crime: Systematic reviews have found no evidence of increased crime or public disorder attributable to harm reduction programs, and sometimes demonstrate measurable crime reductions, depending on geography and measure of crime.

Addresses pattern of unfounded concerns: Community safety concerns about substance use services are routinely raised (whether harm reduction, treatment, or integrated services) but systematically contradicted by empirical evidence, representing a consistent pattern of unfounded opposition that lacks scientific support.

8. The evidence base relating safer smoking supplies specifically to public safety is more limited because of the recency and hyperlocal nature of the shift to inhalational drug use, though data show that harm reduction programs that utilize safer smoking supplies have greater engagement, and engagement in this harm reduction programming has been associated 5-fold greater connection to substance use disorder treatment.

Community Benefits of Harm Reduction Programming

9. Harm reduction programs consistently deliver measurable public health benefits that extend beyond individual participants to benefit entire communities. Domestic syringe service programs reduce transmission of HIV, hepatitis B and C, and also reduce incidence of endocarditis and soft tissue infections, with the greatest benefits observed in high-coverage, multi-component interventions as in street-based outreach with connection to clinical support(Abdul-Quader et al., 2013; Aspinall et al., 2014; Fernandes et al., 2017).

10. While substance use in San Francisco has shifted to primarily inhalational use from injection drug use, there are 3 key indications for ongoing utilization of harm reduction programming that has expanded in scope from only syringe access (Kral et al., 2021). First, harm reduction programs that provide non-stigmatizing care (including safer use supplies) lead to 5 times greater engagement in addiction treatment, greater persistence in treatment, and 3 times greater likelihood of reducing or stopping to inject drugs within the year. In a report outlining summary guidance for integrated infectious diseases prevention for people who use drugs, the CDC and Department of Health and Human Services prioritized interventions that reduced injection drug use within a community, namely harm reduction (CDC, 2012; Hagan et al., 2000). Second, programs facilitating transitions from injection to smoking routes of administration show particularly strong engagement outcomes, which allows for a touchpoint to provide vaccination and other public health services (Chung et al., 2025). Third, data are currently limited, but a national evaluation of safer use supply programs that involved safer smoking supply provision demonstrated some reduction in injection drug use after availability of safer smoking supplies (Kelley et al., 2025). This is a desired outcome (less injection) as smoking fentanyl is associated with a 40% lower rate of non-fatal overdoses and a 250% lower risk of skin and soft tissue infections compared to injecting fentanyl (Megerian et al., 2024; Pizzey and Hunt, 2008; Reid et al., 2023).

Harm Reduction & Public Safety by Setting

11. The most robust evidence comes from controlled studies of supervised consumption facilities. A systematic review published in 2021 analyzed data from 22 studies with 7 studies

specifically reporting that supervised injection facilities were associated with either no change or reductions in crime and public nuisance in surrounding communities as well as significant reductions in opioid overdose morbidity and mortality, and improvements in access to addiction treatment (Levengood et al., 2021). Critically, none of the included studies found evidence of increased crime or public disorder.

12. Recent high-quality evidence from New York City, where the first US government-sanctioned overdose prevention centers opened in 2021, employed rigorous difference-in-differences statistical models to compare crime rates and emergency calls near the centers versus control areas (Chalfin et al., 2023). The study found no significant changes in violent or property crimes, and no increase in 911 or 311 calls for crime or medical incidents.

13. Syringe service programs represent the most extensively studied harm reduction intervention, with over three decades of research supporting effectiveness in both reducing incident HIV/hepatitis C and increasing access to substance use disorder treatment. With regard to public safety, the American Psychiatric Association's 2024 Resource Document explicitly states that research has demonstrated SSPs do not increase the usage of illegal drugs or increase crime in the areas where they are provided (See https://www.psychiatry.org/getattachment/7af2a135-1a30-4820-b3bc-6f3bee143d40/Resource-Document-Harm-Reduction.pdf). The Centers for Disease Control and Prevention recommend SSPs as effective interventions without increasing illicit drug use frequency (See https://www.cdc.gov/hepatitis-syringe-services/php/about/index.html). A critical review of syringe service program data for pharmacists published in 2020 reported on 5 separate studies that recorded substantial decreases in syringe litter and litter overall (Carico et al., 2020).

14. While methadone and buprenorphine are highly effective medications for opioid use disorder associated with reduced substance use or abstinence, community concerns about neighborhood safety are routinely raised whenever these services are proposed. However, empirical evidence systematically contradicts these fears: both mobile buprenorphine clinics (vans) and methadone clinics are associated with significant crime reductions in surrounding neighborhoods. A comprehensive population-level study in British Columbia analyzing over 14,500 individuals with

criminal justice involvement found that periods when individuals received methadone were associated with a 33% lower rate of violent crime and 35% lower rate of non-violent crime compared to periods without treatment. This translates to 3.6 fewer violent offenses and 37.2 fewer non-violent offenses per 100 person-years during treatment periods (Russolillo et al., 2019). A quasi-experimental study of mobile buprenorphine clinics in Pittsburgh employed rigorous difference-in-differences analysis to measure neighborhood impacts. The study found that areas served by mobile clinics experienced a 34% reduction in total arrests, a 34% reduction in drug-related arrests, and a 22% reduction in non-drug-related arrests (Fixler et al., 2024). While this is not directly related to distribution of safer use supplies, it highlights the difference between public fear re: substance use services and the data re: public safety.

Conclusion

15. The peer-reviewed medical literature provides compelling evidence that harm reduction programs, including safe consumption supply distribution, deliver substantial community benefits while enhancing rather than compromising neighborhood safety. These programs consistently reduce infectious disease transmission, may facilitate transitions to less harmful routes of drug administration, increase addiction treatment engagement by five-fold, and are associated with no increase in crime and public disorder (and sometimes measurable reductions).

16. The absence of peer-reviewed studies demonstrating increased crime or safety concerns, combined with documented benefits to public health and community safety, strongly supports continued municipal implementation of safe consumption supply programs as evidence-based interventions that serve both individual and community interests. Opposition based on speculative safety concerns lacks empirical foundation and should not override evidence-based public health programming that demonstrably enhances community welfare.

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I declare under penalty of perjury under the laws of the United States and the State of California that the foregoing is true and correct.

Executed on September 21, 2025, at San Francisco, California.

Ricky Bluthenthal, PhD

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